

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Rog</i>		<i>12/11/00</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>2/11/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

*69300*

Best Available Copy

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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6	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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